

Stockton/Tesla Headquarters



9/22/2016

Day 1 - Records

Day 2 - 7-8-9-

Day 3 - 4-1-5

Day 4 - 2-3-6-10

Day 2 - Task-Trace 500 kV

① Work order 42170137 Tesla - Tracy 7/1
Bird Out
LC¹²
② 111521524 IR Patel - Navar Records

② $\frac{7}{40}$ $\frac{7}{40}$

④ $\frac{7}{42}$

④ $\frac{7}{43}$

Weber - Tesla 230 kV / Tesla - Tracy 115 kV

~~X~~ ⑥ LC 111738517 - 37/248 Fanblown Cracked Open ✓

X. ⑦ wt LC 111700432 - 35/237 Fence Open ✓

~~15~~ UT LC 41624771 - Cardholder Ht Closed
(25) (20)

~~XX~~ (8) T-T 115 PC 111476838 - 18 33/220 Bent Steel Leg Closed ✓

| | | | |
|---|---|---|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA TRACY 007/039 BIRD DIRT CLEAN | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small> | |
| | | Order# 42170137 Created Notification # 108864064 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.6120.INSL | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40877875 | | CREW SIZE: 00 | 622 |
| FUNCTIONAL LOCATION 50019 TESLA-TRACY-INSULATOR (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLN | Latitude: 37.700824000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.553608000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 08/08/2015 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: MIDWAY ROAD | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Robert Beeson (RBB9) | | | DATE FOUND (NOTIF DATE): 08/08/2014 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 08/13/2014 15:27:09 Jenni Zimmer (JLWT) Phone 209/942-1590 * - Voltage : 500 KV * - Structure Type : STEEL * - Structure ID : 007/039 * * CLEAN BIRD DIRT * * 08/19/2014 08:38:44 Scott Crossfield (S2CW) Phone 559/263-7373 * * HCP REVIEW: 42170137/108864605 * LOCATION: 37.7013 -121.5541 | | | |

HVM - Records
 HVL - 30" Bridge



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA TRACY 007/039 BIRD DIRT CLEAN

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* GIS INDICATES POTENTIAL FOR BURROWING OWL, RED-LEGGED FROG, & KIT FOX IN

* THE AREA. AREA IS NATURAL VEGETATION. AMMS 1-11 MUST BE IMPLEMENTED. IF

* SENSITIVE SPECIES ARE OBSERVED OR IF BURROWS OR STANDING WATER CANNOT BE

* AVOIDED STOP CONSTRUCTION & CONTACT HCP ADMINISTRATOR MARK DEDON AT

* 415-297-9711. CREWS SHOULD STAY ON ESTABLISHED ACCESS ROUTES AND SHOULD

* MINIMIZE CROSS-COUNTRY DRIVING TO THE EXTENT POSSIBLE.

* -----

* 07/15/2015 13:05:44 Jenni Zimmer (JLWT) Phone 209/942-1590

* COMPLETED 7/13/15 J LEHNERTZ

Completed by: James Lehnertz (JTL8)
(Name and LAN ID):

Date: 07/13/2015

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA-TRACY 2016 IR PATROL - SR | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42639345 Created Notification # 111521524 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.6120 | | CREW CLASS: ETLEQP | |
| SAP EQUIPMENT #: | | WORK TYPE CODE: | |
| FUNCTIONAL LOCATION 50019 TESLA-TRACY (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLN | Latitude: 0.000000000000 | 0.0 | |
| | Longitude: 0.000000000000 | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 04/07/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: | | CITY: | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 001 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | DATE FOUND (NOTIF DATE): 04/07/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 04/08/2016 07:06:12 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 500 KV | | | |
| * | | | |
| * TESLA-TRACY 2016 IR PATROL - SR | | | |
| * 1.13 MILES | | | |
| * | | | |
| * 06/28/2016 09:29:06 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 6/17/16 L GARCIA | | | |
| Completed by: Louis Garcia (LJG4) (Name and LAN ID): | | Date: 06/17/2016 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 2016 IR PATROL - SR

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | WEBER-TESLA 37/248 FOUNDATION CRACKED | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | |
| | | Order# Created Notification # 111738517 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> T-LINE PATROL - PATR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.5880.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40856729 | | CREW SIZE: 00 | 543 |
| FUNCTIONAL LOCATION 20161 WEBER-TESLA-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLT | Latitude: 37.719666000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.557999000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 05/26/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: N/E OF MIDWAY ROAD (NEAR TESLA | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 001 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 05/26/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/23/2016 06:26:08 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 037/248 | | | |
| * * CRACKED CONCRETE FOOTING | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |

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| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | WEBER-TESLA 35/237 REMOVE FENCE | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | Order# Created Notification # 111700432 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Removed (REMV) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> T-LINE PATROL - PATR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.5880.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40803622 | | CREW SIZE: 00 | 931 |
| FUNCTIONAL LOCATION 20161 WEBER-TESLA-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLR | Latitude: 37.730000000000 Longitude: 121.531334000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 05/26/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 24806 MOUNTAIN HOUSE PKWY | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | | DATE FOUND (NOTIF DATE): 05/26/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/09/2016 06:28:20 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 035/237 | | | |
| * | | | |
| * REMOVE FENCE | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |

| | | | |
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| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA-TRACY 33/220 BENT STEEL LEG | |

| | | | | | |
|--|---|--|--|---|--|
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | | INFORMATION BY QCR UPON | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42670320 Created Notification # 111476838 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | | ACTION | |
| | <input checked="" type="checkbox"/> Broken/Damaged (BROK) | | | <input checked="" type="checkbox"/> Repaired (REPA) <input checked="" type="checkbox"/> Completed (ZZ02) | |

| | | | |
|---|--|--|--|
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|--|---------------------------------------|--|--|
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | |
| SAP EQUIPMENT #: 40581039 | | CREW SIZE: 00 | |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | <u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| | | <u>ANTICIPATED MATERIAL COSTS:</u> | |
| PLANNER GROUP: TLO | Latitude: 37.744073000000 | | |
| | Longitude: 121.496540000000- | | |

| | | | |
|---|---|--|--|
| EXECUTION | | | |
| <u>REQUIRED END DATE:</u> 03/25/2017 | <u>MAIN WORK CENTER:</u> VICTOR - Victor | <u>VOLTAGE:</u> <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |

| | | | |
|--|--|--|--------------------------|
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: S/O VONSOSTEN ROAD W/O GRUNUAR | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 03/25/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 03/25/2016 09:05:38 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 033/220 | | | |
| * _____ | | | |
| * REPAIR BENT STEEL | | | |
| * _____ | | | |
| * 04/25/2016 09:49:01 PST Stacie Doyle (SRF5) Phone 916-778-8453 Per Bobby | | | |
| Walls, change to planner group TLG. | | | |
| * _____ | | | |
| * 04/27/2016 09:28:52 PST Jacinta Alma (J1DB) Phone 530-757-5942 | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 33/220 BENT STEEL LEG

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* Per ALMQ, fixed bent leg and splice. Repaired sways.

* -----

* 08/10/2016 15:31:37 PST Scott Crossfield (S2CW) Phone 559-263-7373

*

* HCP review: 42670320/111518175

* Location: 37.74407 -121.49654

* HCP review indicates the potential for burrowing owl & Swainson's hawk

* in the area. Project area is agricultural. If sensitive species,

* nests, or burrows are observed within proximity to the work location

* call the HCP hotline at 415-973-4427.

Completed by: Andy Montes (ALMQ)
(Name and LAN ID):

Date: 04/20/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|---|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2. | |
| | | WEBER-TESLA CONDUCTOR HEIGHT | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | |
| | | Order# 42698738 Created Notification # 111624771 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL | <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.5880.TOWER | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40579836 | | CREW SIZE: 00 | 625 |
| FUNCTIONAL LOCATION (LINE NAME): 20161 WEBER-TESLA-TOWER | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLN | Latitude: 37.754333000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.469498000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 08/03/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 2978 W. GRANT LINE ROAD | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 05/05/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 05/10/2016 11:07:16 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 032/211 | | | |
| * | | | |
| * MEASURED CONDUCTOR HEIGHT AT 51' | | | |
| * | | | |
| * 05/12/2016 06:52:30 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 5/5/16 M FORT | | | |
| Completed by: Mark Fort (MSF9) (Name and LAN ID): | | Date: 05/05/2016 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WEBER-TESLA CONDUCTOR HEIGHT

Reviewed by
(Name and LAN ID):


Date: / /

New Construction

2

| | | | | | |
|---|--|---|--|--|--|
| PP&E | | Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA-TRACY #2 | | NERC PROJECT | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | | INFORMATION BY QCR UPON | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 31006317 Created Notification # 106787306 | |
| FACILITY TYPE | | DAMAGE CODE | | CAUSE CODE | |
| <input checked="" type="checkbox"/> Other (Describe) (IH10) | | <input checked="" type="checkbox"/> Encroachment (EL14) | | | |
| | | | | <input checked="" type="checkbox"/> Completed By : (COMP) | |
| USER STATUSES | | | | | |
| <input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> RELEASE WORK - RELW | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| REFERENCE INFO | | | | | |
| ETL#: ETL.5750 | | CREW CLASS: | | WORK TYPE CODE: | |
| SAP EQUIPMENT #: | | CREW SIZE: 00 | | 671 | |
| FUNCTIONAL LOCATION 20148 TESLA-TRACY #2 (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | | | |
| PLANNER GROUP: TLX | | Latitude: 0.000000000000 | | ANTICIPATED MATERIAL COSTS: | |
| | | Longitude: 0.000000000000 | | | |
| EXECUTION | | | | | |
| REQUIRED END DATE: 12/31/2014 | | MAIN WORK CENTER: VICTOR - Victor | | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | | | |
| STREET ADDRESS: | | CITY: | | ZIP (if known): 00000 | |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) | | 001 | |
| REPORTED BY (Name and LAN ID): Douglas Cannell (DAC5) | | | | DATE FOUND (NOTIF DATE): 04/01/2013 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | | | |
| * 03/06/2013 12:10:31 Helen Sakai (HXS4) Phone 209/942-1606 | | | | | |
| * PER DOUG CANNELL NOTIFICATION CREATED FOR THE NERC PROJECT | | | | | |
| * _____ | | | | | |
| * 07/08/2014 11:17:38 Stacie Doyle (SRF5) Phone 916/778-8453 Corrected WTC | | | | | |
| from 400 which now belongs to GO95 to 671 | | | | | |
| * _____ | | | | | |
| * 04/02/2015 14:25:27 Donna Thorne (DKT1) Phone 831/633-6935 | | | | | |
| * Per J. Heidelberger; NERC Work. Change Planner Group to TLX (Contract). | | | | | |
| * 06/23/2015 11:27:12 Helen Sakai (HXS4) Phone 209/942-1606 | | | | | |
| * PER MIKE NEER, COMPLETED ON 10/21/14 | | | | | |

CPUC
copy
10/11/16

| | | |
|---|---|----------------------------|
|  Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | TESLA-TRACY #2 NERC PROJECT | |
| Completed by: MIKE NEER (Name and LAN ID): | Date: 10/21/2014 | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | Date: / / | |

Day 3 ¹Kassan - Carbona / ³Belota - Weber / ²Kycho Tap

K-C

1. ① LC 109964649 0/4 Trim Vines Closed ✓

② 2/13

③ 2/14

④ 2/15

X ~~5~~ ⑤ 2/16 Missing ^{switch} platform ~~puller~~ pier block

⑥ 2/17

⑦ 2/18

⑧ 2/19

⑨ 2/20

Kycho Tap

⑩ 0/4 LE Open 111624635 Access Issues ✓

⑪ 0/5

⑫ 0/6

⑬ 0/7

⑭ 0/8

| Tline Numer | Tline Name | kV |
|-------------|----------------------------------|--------|
| 10334B | AEC SITE #1 TAP | 115 kV |
| 10334C | AEC SITE #2 TAP | 115 kV |
| 60224A | AMFOR TAP | 60 kV |
| 10053A | BEARDSLEY TAP | 115 kV |
| 20233 | BELLOTA-COTILE | 230 kV |
| 10282 | BELLOTA-RIVERBANK | 115 kV |
| 10013 | BELLOTA-RIVERBANK-MELONES SW STA | 115 kV |
| 20006 | BELLOTA-TESLA #2 | 230 kV |
| 20007 | BELLOTA-WARNERVILLE | 230 kV |
| 20008 | BELLOTA-WEBER | 230 kV |
| 20011 | BRIGHTON-BELLOTA | 230 kV |
| 60225B | BUENA VISTA BIOMASS POWER TAP | IDLE |
| 60120A | CALVO TAP | 60 kV |
| 20128A | CAMANCHE PUMPING PLANT TAP | 230 kV |
| 10085A | CAMANCHE TAP | 115 kV |
| 60118C | CARBONA #2 TAP | 60 kV |
| 10165B | CHINESE CAMP (ULTRA POWER) TAP | 115 kV |
| 60413 | CLAY-MARTEL | 60 kV |
| 60211C | COGENERATION NATIONAL TAP | 60 kV |
| 20234 | COTILE-MELONES | 230 kV |
| 60186A | CROWS LANDING TAP | 60 kV |
| 20029 | DELTA SWITCHING YARD-TESLA | 230 kV |
| 70056A | DINOSAUR POINT TAP | 230 kV |
| 10053 | DONNELLS-CURTIS | 115 kV |
| 20181 | EIGHT MILE ROAD-STAGG | 230 kV |
| 20035 | EIGHT MILE ROAD-TESLA | 230 kV |
| 20036 | ELECTRA-BELLOTA | 230 kV |
| 10338A | ELLIS TAP | 115 kV |
| 10052D | FIBREBOARD STANDARD TAP | 115 kV |
| 10317A | FROGTOWN #1 TAP | 115 kV |
| 10448A | FROGTOWN #2 TAP | 115 kV |
| 60142A | GRONMEYER TAP | 60 kV |
| 60185B | GUSTINE #1 TAP | 60 kV |
| 60186B | GUSTINE #2 TAP | 60 kV |
| 60096 | HAMMER-COUNTRY CLUB | 60 kV |
| 10145C | HEINZ TAP | IDLE |
| 70040 | HERDLYN-TRACY | 70 kV |
| 10145A | HOWLAND ROAD TAP | 115 kV |
| 60139A | INDUSTRIAL TAP | 60 kV |
| 10336A | INGRAM CREEK TAP | 115 kV |
| 60225C | IONE TAP | 60 kV |
| 60118 | KASSON #1 | 60 kV |
| 60119 | KASSON-BANIA #1 | 60 kV |
| 60415 | KASSON-CARBONA | 60 kV |
| 60120 | KASSON-LOUISE | 60 kV |
| 20064 | KELSO-TESLA | 230 kV |
| 10323A | KYOHO TAP | 115 kV |
| 10451 | LAMMERS-KASSON | 115 kV |
| 60141A | LEE TAP (IDLE) | IDLE |
| 10338C | LEPRINO FOODS (TRACY) TAP | 115 kV |
| 20070 | LOCKEFORD-BELLOTA | 230 kV |
| 60137 | LOCKEFORD-INDUSTRIAL | 60 kV |
| 60138 | LOCKEFORD-LODI #1 | 60 kV |
| 60139 | LOCKEFORD-LODI #2 | 60 kV |
| 60140 | LOCKEFORD-LODI #3 | 60 kV |
| 20180 | LODI STIG-EIGHT MILE ROAD | 230 kV |
| 60069 | LODI INDUSTRIAL | 60 kV |
| 20244 | LOS BANOS-QUINTO SW STA | 230 kV |
| 60118B | LYOIH TAP | 60 kV |
| 60141 | MANTECA #1 | 60 kV |
| 60142 | MANTECA-LOUISE | 60 kV |
| 10145 | MANTECA-VIERRA | 115 kV |
| 60100C | MCDONALD TAP | 60 kV |
| 10165 | MELONES-CURTIS | 115 kV |
| 10166 | MELONES-RACETRACK | 115 kV |
| 20079 | MELONES-WILSON | 230 kV |
| 10335B | MILLER #1 TAP | 115 kV |
| 10336B | MILLER #2 TAP | 115 kV |
| 10335A | MODESTO ENERGY TAP | 115 kV |
| 60221A | NEW HOGAN TAP | 60 kV |
| 60211A | NEWARK-SIERRA PAPERBOARD TAP | 60 kV |
| 60214B | OAK PARK TAP | 60 kV |
| 10451A | OWENS ILLINOIS TAP | 115 kV |
| 60211D | PACIFIC ETHANOL TAP | 60 kV |
| 60223A | PARDEE #1 TAP | 60 kV |
| 60225A | PARDEE #2 TAP | 60 kV |

① X
② X
③ X

④ X
⑤ X
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⑦ X

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10/12/16

10/13/16
10/13/16

| Tline Numer | Tline Name | kV |
|-------------|--|--------|
| 10165A | PEORIA TAP | 115 kV |
| 60236A | PINE GROVE TAP | 60 kV |
| 20245 | QUINTO SW STA-WESTLEY | 230 kV |
| 10165C | RACETRACK TAP | 115 kV |
| 20064A | RALPH TAP | 230 kV |
| 20127 | RANCHO SECO-BELLOTA #1 | 230 kV |
| 20128 | RANCHO SECO-BELLOTA #2 | 230 kV |
| 10447A | RIPON TAP | 115 kV |
| 10447 | RIVERBANK JCT SW STA-MANTECA | 115 kV |
| 60232B | ROBERTSON TAP | 60 kV |
| 60232B | ROBERTSON TAP | 60 kV |
| 60211E | ROUGH & READY TAP | 60 kV |
| 10334D | SAFEWAY TAP | 115 kV |
| 60185 | SALADO-NEWMAN #1 | 60 kV |
| 60186 | SALADO-NEWMAN #2 | 60 kV |
| 10284 | SALT SPRINGS-TIGER CREEK | 115 kV |
| 10337B | SAN JOAQUIN COGEN TAP | 115 kV |
| 10498 | SANDBAR TAP | 115 kV |
| 10475 | SCHULTE SW STA-KASSON-MANTECA | 115 kV |
| 10452 | SCHULTE SW STA-LAMMERS | 115 kV |
| 60207B | SEBASTIANI TAP | 60 kV |
| 10053B | SPRING GAP TAP | 115 kV |
| 60208 | STAGG-COUNTRY CLUB #1 | 60 kV |
| 60209 | STAGG-COUNTRY CLUB #2 | 60 kV |
| 60210 | STAGG-HAMMER | 60 kV |
| 20141 | STAGG-TESLA | 230 kV |
| 60185A | STANISLAUS RECOVERY TAP | 60 kV |
| 10316 | STANISLAUS-MANTECA #2 | 115 kV |
| 10317 | STANISLAUS-MELONES SW STA-MANTECA #1 | 115 kV |
| 10448 | STANISLAUS-MELONES SW STA-RIVERBANK JCT SW STA | 115 kV |
| 60211 | STOCKTON A #1 | 60 kV |
| 10322 | STOCKTON A-LOCKEFORD-BELLOTA #1 | 115 kV |
| 10323 | STOCKTON A-LOCKEFORD-BELLOTA #2 | 115 kV |
| 60212 | STOCKTON A-WEBER #1 | 60 kV |
| 60213 | STOCKTON A-WEBER #2 | 60 kV |
| 60214 | STOCKTON A-WEBER #3 | 60 kV |
| 60215 | STOCKTON-NEWARK (IDLE) | IDLE |
| 60214A | SUMIDEN WIRE PRODUCTS TAP | 60 kV |
| 60426 | SUTTER HOME SW STA-LOCKEFORD-LODI | 60 kV |
| 60427 | SUTTER HOME SW STA-STAGG | 60 kV |
| 60428 | SUTTER HOME-SUTTER HOME SW STA | 60 kV |
| 10335C | TEICHERT TAP | 115 kV |
| 60207A | TERMINOUS TAP | 60 kV |
| 50017 | TESLA-LOS BANOS #1 | 500 kV |
| 10335 | TESLA-SALADO #1 | IDLE |
| 10336 | TESLA-SALADO-MANTECA | 115 kV |
| 10474 | TESLA-SCHULTE SW STA #1 | 115 kV |
| 10433 | TESLA-SCHULTE SW STA #2 | 115 kV |
| 10337 | TESLA-STOCKTON COGEN JCT | 115 kV |
| 50019 | TESLA-TRACY | 500 kV |
| 10338 | TESLA-TRACY | 115 kV |
| 20147 | TESLA-TRACY #1 | 230 kV |
| 20148 | TESLA-TRACY #2 | 230 kV |
| 20149 | TESLA-WESTLEY | 230 kV |
| 10337A | THERMAL ENERGY TAP | 115 kV |
| 20151 | TIGER CREEK-ELECTRA | 230 kV |
| 20152 | TIGER CREEK-VALLEY SPRINGS | 230 kV |
| 50020 | TRACY-LOS BANOS | 500 kV |
| 10013A | TULLOCH TAP | 115 kV |
| 60221 | VALLEY SPRINGS #1 | 60 kV |
| 60384 | VALLEY SPRINGS #2 | 60 kV |
| 20159 | VALLEY SPRINGS-BELLOTA | 230 kV |
| 60222 | VALLEY SPRINGS-CALAVERAS CEMENT | 60 kV |
| 60414 | VALLEY SPRINGS-CLAY | 60 kV |
| 60224 | VALLEY SPRINGS-MARTELL #1 | 60 kV |
| 60139B | VICTOR TAP | 60 kV |
| 10373 | VIERRA-TRACY-KASSON | 115 kV |
| 20212 | WARNERVILLE-WILSON | 230 kV |
| 60416 | WEBER-FRENCH CAMP #1 | 60 kV |
| 60417 | WEBER-FRENCH CAMP #2 | 60 kV |
| 60234 | WEBER-MORMON JCT | 60 kV |
| 20161 | WEBER-TESLA | 230 kV |
| 60236 | WEST POINT-VALLEY SPRINGS | 60 kV |
| 60139C | WOODBIDGE TAP | 60 kV |

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|--|---|--|--|
| Corrective Work Form Electric Transmission Line | | 0-3 PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | KASSON-CARBONA 0/4 TRIM VINES | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | |
| | | Order# 42319492 Created Notification # 109964649 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.7231.POLE.WDPS | | CREW CLASS: ETLEQP | |
| SAP EQUIPMENT #: 40745211 | | CREW SIZE: 00 | |
| FUNCTIONAL LOCATION 60415 KASSON-CARBONA #1 TAP-WOOD (LINE NAME): POLE S | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| | | | |
| PLANNER GROUP: TLP | Latitude: 37.729483000000 | | |
| | Longitude: 121.416885000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 01/13/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: MC ARTHUR | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | DATE FOUND (NOTIF DATE): 01/13/2015 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 01/13/2015 10:53:01 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure Type : WOOD | | | |
| * - Structure ID : 000/004 | | | |
| * _____ | | | |
| * TRIM VINES AROUND SW POLE | | | |
| * _____ | | | |
| * 01/26/2015 06:46:39 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * COMPLETED 1/13/15 L GARCIA TOTAL WORK HOURS 2 | | | |
| Completed by: Louis Garcia (LJG4) (Name and LAN ID): | | Date: 01/13/2015 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

KASSON-CARBONA 0/4 TRIM VINES

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|---|--|---|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | KYOHO TAP 0/4 ACCESS ISSUES | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | |
| | | Order# 42724477 Created Notification # 111624635 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OTHER - OTHR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.3891.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 42626061 | | CREW SIZE: 00 | 932 |
| FUNCTIONAL LOCATION (LINE NAME): 10323A KYOHO TAP - WOOD POLE | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLR | Latitude: 37.932159000000 | 0.0 | |
| | Longitude: 121.200874000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 05/05/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 5938 CARPENTER ROAD | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 05/05/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 05/10/2016 10:40:47 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115KV | | | |
| * - Structure ID : 000/004 | | | |
| * | | | |
| * NEED TO HAVE GATE UNWELDED AND ROCK ROAD TO KYOHO JCT SWITCHES | | | |
| * SEE PHOTO | | | |
| * | | | |
| * 06/15/2016 14:19:21 PST Pamela Bodenham (PMC2) | | | |
| * Per kbo2, creat new order and link to notification. | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

KYOHO TAP 0/4 ACCESS ISSUES

Reviewed by
(Name and LAN ID):

Date: / /



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD INDUSTRIAL 0/12 BRIDGE BOND

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* HCP review indicates the potential for Swainson's hawk in the area.

* Project area is agricultural. If a Swainson's hawk and/or its nest is

* observed within proximity to the work location call the HCP hotline at

* 415-973-4427.

* -----

* 08/21/2015 06:58:42 PST Jenni Zimmer (JLWT) Phone 842-1590

* COMPLETED 7/15/15 A HACKER-GC TOTAL WORK HOURS 2


Completed by: Aaron Hacker (AMHF)
(Name and LAN ID):

Date: 07/15/2015

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|---|--|--|
|  Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | LOCKEFORD INDUSTRIAL 0/12 BRIDGE BOND | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42417490 Created Notification # 110472422 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Missing (MISS) | | <input checked="" type="checkbox"/> Installed (INST) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> CREW WORK - CREW | <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.7420.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40652766 | | CREW SIZE: 00 | 620 |
| FUNCTIONAL LOCATION (LINE NAME): 60137 LOCKEFORD-INDUSTRIAL-WOOD POLE | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLN | Latitude: 38.116360000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.171600000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/24/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: HARNEY LANE | | CITY: LODI | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Larry Barone (LGBA) | | | DATE FOUND (NOTIF DATE): 06/24/2015 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/24/2015 15:13:02 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure Type : WOOD | | | |
| * - Structure ID : 000/013 | | | |
| * | | | |
| * INSTALL BRIDGE BOND | | | |
| * | | | |
| * 06/30/2015 13:39:08 Scott Crossfield (S2CW) Phone 559/263-7373 | | | |
| * | | | |
| * HCP review: 42417490/110480028 | | | |
| * Location: 38.11636 -121.17160 | | | |

| | | | |
|--|---|--|--|
| Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | | |
| | LOCKEFORD #1 8/150 ANCHOR | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small> | | Order# 42753586 Created Notification # 111822202 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.9461.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 41185191 | | CREW SIZE: 00 | 630 |
| FUNCTIONAL LOCATION 60383 LOCKEFORD #1-WOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: <small>(labor-hours = Crew Size x Hours to Complete - no travel time)</small> <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLP | Latitude: 38.037271000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.256143000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/19/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: MORADA LN 3P/E/OF HWY 99 | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 07/19/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 07/26/2016 13:03:56 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure ID : 008/150 | | | |
| * | | | |
| * BURIED ANCHOR UNCOVER AND INSTALL GUARD | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |




**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD #1 4/64 HV

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|---|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | LOCKEFORD #1 4/64 HV | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42753595 Created Notification # 111821903 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Missing (MISS) | | <input checked="" type="checkbox"/> Installed (INST) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.9461.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 41185705 | | CREW SIZE: 00 | 630 |
| FUNCTIONAL LOCATION 60383 LOCKEFORD #1-WOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLN | Latitude: 38.070376000000 | ANTICIPATED MATERIAL COSTS: | |
| Longitude: 121.187705000000- | | | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/11/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: HWY 88 16/P/N OF 8 MI ROAD | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 07/11/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 07/26/2016 11:57:12 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure ID : 004/064 | | | |
| * | | | |
| * INSTALL HV SIGN...BUCKET OK | | | |
| * | | | |
| * 09/13/2016 13:25:47 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 9/12/16 J WEAVER..INSTALLED HV SIGN | | | |
| Completed by: Justin Weaver (J7WB) (Name and LAN ID): | | Date: 09/12/2016 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD #1 0/1 GROUND MOLDING

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|---|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | LOCKFORD #1 0/1 GROUND MOLDING | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | Order# 42417720 Created Notification # 110480769 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Broken/Damaged (BROK) | | <input checked="" type="checkbox"/> Repaired (REPA) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMMERCIAL CUSTOMER - COMC <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> CREW WORK - CREW <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.9461.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40580329 | | CREW SIZE: 00 | 630 |
| FUNCTIONAL LOCATION 60383 LOCKFORD #1-WOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLT | Latitude: 38.116823000000 Longitude: 121.161805000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/23/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: HARNEY LANE | | CITY: LODI | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Larry Barone (LGBA) | | | DATE FOUND (NOTIF DATE): 06/23/2015 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/30/2015 13:04:36 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure Type : WOOD | | | |
| * - Structure ID : 000/001 | | | |
| * _____ | | | |
| * REPAIR GROUND MOLDING | | | |
| * _____ | | | |
| * 09/28/2015 14:10:16 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 9/22/15 M BRITT TOTAL WORK HOURS 1 | | | |
| Completed by: Michael Britt (MCB9) (Name and LAN ID): | | Date: 09/22/2015 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD #1 6/99 RPLC GUY STUB

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* -----

* 03/28/2016 19:02:59 PST BCH WM ORDER (BCH WM ORDER)

* 000111474335 - AEA Results: PIQ required.

* -----

* 09/22/2016 07:10:01 PST John Pearson (JXPR)

* 31227563 E: Encroachment Permit sent.

* -----

* 09/22/2016 07:22:07 PST Naomi Tamayo (NAV3) Phone 916-760-1959

* 31227563E SAC RMC DMD FORWARDED THE ENCROACHMENT PERMIT APPLICATION TO

* TLINE SHARED MAILBOX FOR PROCESSING.

*

* -----

* 09/23/2016 07:06:09 PST John Pearson (JXPR)

* 31227563 E: Turned in to ADE for review

* -----

* 10/04/2016 11:07:25 PST Derek Nunes (DJNB) Phone 916-760-2961

* 31227563E - ADE review: changes recommended. Back to estimator.

*

* -----

* 10/05/2016 13:34:11 PST Blake Fitzwater (BXFT)

* Environmental Task Complete - with associated BMP's/AMM's

* No environmental tasks activated

*

* -----

* 10/10/2016 06:40:30 PST Derek Nunes (DJNB) Phone 916-760-2961

* 31227563e - ADE review approved on EDRS# 2016-100272 and forwarded

* hardcopy job package to SMD4 for authorization and routing.

*


Completed by:
(Name and LAN ID):

Date: / /

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|---|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | LOCKEFORD #1 6/99 RPLC GUY STUB | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 31227563 Created Notification # 111474335 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Replaced (REPL) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.9461.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 41185740 | | CREW SIZE: 00 | 372 |
| FUNCTIONAL LOCATION 60383 LOCKEFORD #1-WOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLZ | Latitude: 38.057637000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.210104000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 03/23/2018 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: N/E/C ALPINE | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 03/23/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 03/24/2016 09:29:50 PST Charlene McLeod (CMMD) Phone 209-942-1669 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure ID : 006/099 | | | |
| * | | | |
| * REPLACE GUY STUB 25FT CL 3 BKT OK LINE TRUCK OK | | | |
| * | | | |
| * 03/28/2016 19:02:56 PST BCH_WM_ORDER (BCH_WM_ORDER) | | | |
| * Work in impacted ENV layer | | | |
| * Based on the location data provided, this work requires further | | | |
| Environmental and/or Land review. | | | |
| * Please complete a Project Information Questionnaire. | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

BELLOTA-WEBER-TOWER 12/86 NR GRD PATROL

Reviewed by
(Name and LAN ID):

Date: / /

| | | | | | | |
|---|--------------------------|--|--|--|---|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | | | | |
| | | BELLOTA-WEBER-TOWER 12/86 NR GRD PATROL | | | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | | INFORMATION BY QCR UPON | | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | | Order# 42731000 Created Notification # 111742077 | |
| FACILITY TYPE | | DAMAGE CODE | | CAUSE CODE | | |
| | | | | <input checked="" type="checkbox"/> Completed (ZZ02) | | |
| USER STATUSES | | | | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> NON-ROUTINE - NONR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| REFERENCE INFO | | | | | | |
| ETL#: ETL.4390.TOWR | | | CREW CLASS: ETLQRP | | WORK TYPE CODE: | |
| SAP EQUIPMENT #: 40803597 | | | CREW SIZE: 00 | | 539 | |
| FUNCTIONAL LOCATION 20008 BELLOTA-WEBER-TOWER (LINE NAME): | | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: x-small;">0.0</div> | | | |
| PLANNER GROUP: TLG | | Latitude: 37.925999000000 | | ANTICIPATED MATERIAL COSTS: | | |
| | | Longitude: 121.210999000000- | | | | |
| EXECUTION | | | | | | |
| REQUIRED END DATE: 09/21/2016 | | MAIN WORK CENTER: VICTOR - Victor | | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | | | | |
| STREET ADDRESS: | | | CITY: | | ZIP (if known): 00000 | |
| DIVISION CODE (LOCATION): ST | | | COUNTY CODE (PLANT SECTION) 039 | | | |
| REPORTED BY (Name and LAN ID): Stephen Lawson (S1L3) | | | | DATE FOUND (NOTIF DATE): 06/23/2016 | | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | | | | |
| * 06/24/2016 07:05:23 PST Christina Dangerfield (CLD9) Phone 916-386-5422 | | | | | | |
| * - Voltage : 230 KV | | | | | | |
| * - Structure ID : 012/086 | | | | | | |
| * | | | | | | |
| * PER BRIAN LOW, BASED ON FINDING DURING MOSS LANDING TOWER FAILURE | | | | | | |
| * FOLLOW-UP INSPECTIONS REQUIRED. | | | | | | |
| * | | | | | | |
| * 07/28/2016 11:22:31 PST Jacinta Alma (J1DB) Phone 530-757-5942 | | | | | | |
| * Per SHJo, Patrol comleted 6/29/16 | | | | | | |
| Completed by: Sean Higgins (SJHO) (Name and LAN ID): | | Date: 06/28/2016 | | Actual Labor-Hours: | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

BELLOTA-WEBER 12/86 - BENT STEEL MEMBER


Completed by:
(Name and LAN ID):

Date: 02/18/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|--|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | BELLOTA-WEBER 12/86 - BENT STEEL MEMBER | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42623130 Created Notification # 111305855 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Broken/Damaged (BROK) | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4390.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40803597 | | CREW SIZE: 00 | 628 |
| FUNCTIONAL LOCATION 20008 BELLOTA-WEBER-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLO | Latitude: 37.925999000000 | 0.0 | |
| | Longitude: 121.210999000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 01/13/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 5252 E MARIPOSA ROAD | CITY: STOCKTON | ZIP (if known): 00000 | |
| DIVISION CODE (LOCATION): ST | COUNTY CODE (PLANT SECTION) 039 | | |
| REPORTED BY (Name and LAN ID): John Keener (JDKH) | | DATE FOUND (NOTIF DATE): 01/13/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 01/28/2016 13:17:14 PST Pamela Ramirez (PSR2) Phone 530-906-9523 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 012/086 | | | |
| * | | | |
| * ON C-LEG THERE IS A BENT MEMBER ON THE INSIDE OF THE LEG | | | |
| * APPROXIMATELY 10 FEET OFF OF THE FOUNDATION. THE MEMBER NEEDS TO | | | |
| * BE REPLACED. | | | |
| * 02/22/2016 14:18:09 PST Pamela Ramirez (PSR2) Phone 530-906-9523 | | | |
| * | | | |
| * 2/18/16 - gxgl - Removed bent member on inside leg. Measured and | | | |
| replaced bent steel (>&<) galvanized. | | | |




**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

BELLOTA-WEBER 6/43 CLIMB GUARD

Reviewed by
(Name and LAN ID):

Date: / /

| | | | | |
|--|--|--|--|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | | |
| | BELLOTA-WEBER 6/43 CLIMB GUARD | | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | | Order# 31250356 Created Notification # 111748938 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION | |
| | <input checked="" type="checkbox"/> Clearance Impaired (CLER) | | <input checked="" type="checkbox"/> Completed (ZZ02) | |
| USER STATUSES | | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| REFERENCE INFO | | | | |
| ETL#: ETL4390.TOWR | | CREW CLASS: ETLEQP | | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40643054 | | CREW SIZE: 00 | | 400 |
| FUNCTIONAL LOCATION 20008 BELLOTA-WEBER-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | | |
| PLANNER GROUP: TLN | Latitude: 37.962334000000 Longitude: 121.102997000000- | | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | | |
| REQUIRED END DATE: 06/23/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | | |
| STREET ADDRESS: COPPEROPOLIS | | CITY: LINDEN | ZIP (if known): 00000 | |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 06/23/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | | |
| * 06/28/2016 07:41:51 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | | |
| * - Voltage : 230 KV | | | | |
| * - Structure ID : 006/043 | | | | |
| * | | | | |
| * INSTALLCLIMBING GUARD AND HV SIGN | | | | |
| * ----- | | | | |
| * 10/05/2016 14:30:13 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | | |
| * COMPLETED 10/3/16 J WEAVER...INSTALLED ANTI CLIMB GUARD | | | | |
| Completed by: Justin Weaver (J7WB) (Name and LAN ID): | | Date: 10/03/2016 | Actual Labor-Hours: | |




**Corrective Work Form
Electric Transmission
Line**


PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

BELLOTA-WEBER 4/32 HV

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|--|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | BELLOTA-WEBER 4/32 HV | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42733443 Created Notification # 111748937 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Missing (MISS) | | <input checked="" type="checkbox"/> Installed (INST) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4390.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40643485 | | CREW SIZE: 00 | 628 |
| FUNCTIONAL LOCATION 20008 BELLOTA-WEBER-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLT | Latitude: 37.972500000000 Longitude: 121.074501000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/23/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: COPPEROPOLIS | | CITY: LINDEN | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 06/23/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/28/2016 07:39:24 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 004/032 | | | |
| * | | | |
| * REPLACE HV SIGN | | | |
| * | | | |
| * 07/29/2016 12:36:35 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 7/28/16 J WEAVER...INSTALLED HV SIGN ON SOUTHSIDE OF TOWER | | | |
| Completed by: Justin Weaver (J7WB) (Name and LAN ID): | | Date: 07/28/2016 | Actual Labor-Hours: |

| | | | |
|---|---|--|--|
|  Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 BELLOTA-WEBER 13/90 VEG | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# Created Notification # 111749507 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Overgrown (OVRG) | | <input checked="" type="checkbox"/> Removed (REMV) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM | <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> COMMERCIAL CUSTOMER - COMC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> T-LINE PATROL - PATR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4390.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40587196 | | CREW SIZE: 00 | 564 |
| FUNCTIONAL LOCATION 20008 BELLOTA-WEBER-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLV | Latitude: 37.923332000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.221664000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/23/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 3927 CLARK DRIVE | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION): 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 06/23/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/28/2016 09:52:46 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 013/090 | | | |
| * | | | |
| * REMOVE TREES UNDER TOWER | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |




**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 18/125 MYLAR BALLOON

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|--|--|
|  Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA-TRACY 18/125 MYLAR BALLOON | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety B = Urgt Compliance C = Emergency Restore Service E = Schd Compl Yr 0 F = Schd Compl Yr 1+ G = Maintenance Compliance P = System Repair/Improvement | | Order# 42684823 Created Notification # 111571213 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP | <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OTHER - OTHR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40764328 | | CREW SIZE: 00 | 628 |
| FUNCTIONAL LOCATION (LINE NAME): 10338 TESLA-TRACY-TOWER | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLT | Latitude: 37.902050000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.315400000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/23/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 1858 HENRY LONG BLVD | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION): 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | | DATE FOUND (NOTIF DATE): 04/24/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 04/25/2016 07:38:32 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 018/125 | | | |
| * | | | |
| * MYLAR BALLOON ON MIDDLE PHASE | | | |
| * | | | |
| * 05/10/2016 07:26:09 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 5/3/16 J WEAVER | | | |
| Completed by: Justin Weaver (J7WB) (Name and LAN ID): | | Date: 05/03/2016 | Actual Labor-Hours: |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WEBER-TESLA 31/208 REMOVE BIRD NEST

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|---|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | WEBER-TESLA 25/169 REMOVE TREES | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small> | |
| | | Order# Created Notification # 111737559 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Overgrown (OVRG) | | <input checked="" type="checkbox"/> Removed (REMV) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> T-LINE PATROL - PATR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.5880.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40869265 | | CREW SIZE: 00 | 564 |
| FUNCTIONAL LOCATION 20161 WEBER-TESLA-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLV | Latitude: 37.829666000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.384834000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/02/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: WING LEVEE ROAD S/O UNDINE | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 06/02/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/22/2016 13:04:37 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 025/169 | | | |
| * | | | |
| * REMOVE TREES UNDER TOWER | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WEBER-TESLA 19/131 ANTI CLIMBING

Completed by:
(Name and LAN ID):

Woody Krzyminski (JMKY)

Date: 06/23/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|---|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text —40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 WEBER-TESLA 19/131 ANTI CLIMBING | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | Order# 31249143 Created Notification # 111737836 | |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Clearance Impaired (CLER) | | <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> T-LINE PATROL - PATR | <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.5880.TOWR | | CREW CLASS: ETLQEP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40596722 | | CREW SIZE: 00 | 400 |
| FUNCTIONAL LOCATION 20161 WEBER-TESLA-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLN | Latitude: 37.896832000000 Longitude: 121.318169000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 06/07/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: N/O HOWARD ROAD | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | | DATE FOUND (NOTIF DATE): 06/07/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 06/22/2016 14:29:34 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 230 KV | | | |
| * - Structure ID : 019/131 | | | |
| * _____ | | | |
| * INSTALL ANTI CLIMBING | | | |
| * _____ | | | |
| * 06/23/2016 06:12:45 PST Jeffery Lopes (JELT) Phone 209-942-1487 | | | |
| * changed wtc to 400 | | | |
| * _____ | | | |
| * 06/28/2016 15:20:29 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * COMPLETED 6/23/2016 J KRZYMINSKI INSTALLED CLIMBING GUARD | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

WEBER-TESLA 14/101 REMOVE DEBRIS

Reviewed by
(Name and LAN ID):

Date: / /




**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 32/210 MEASURED HEIGHT

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|---|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | TESLA-TRACY 32/210 MEASURED HEIGHT | | |

| | | |
|--|---|--|
| INFORMATION REQUIRED BY QCR | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small>A = Immed/Safety F = Schd Compl Yr 1+</small> <small>B = Urgt Compliance G = Maintenance Compliance</small> <small>C = Emergency Restore Service P = System Repair/Improvement</small> <small>E = Schd Compl Yr 0</small> | Order# 42698736 Created Notification # 111624744 |

| | | | |
|---------------|-------------|------------|--|
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Completed (ZZ02) |

USER STATUSES

| | | | |
|---|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> COMPLETED - COMP | <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OVERHEAD - OH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> OTHER - OTHR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REFERENCE INFO

| | | |
|--|---|---|
| ETL#: ETL.4020.POLE.NWOD | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40581036 | CREW SIZE: 00 | 625 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-NONWOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: <small>(labor-hours = Crew Size x Hours to Complete - no travel time)</small> <div style="text-align: right;">0.0</div> |
| PLANNER GROUP: TLN | Latitude: 37.753490000000 Longitude: 121.472580000000- | |
| ANTICIPATED MATERIAL COSTS: | | |

EXECUTION

| | | |
|---|---|--|
| REQUIRED END DATE: 08/03/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV |
|---|---|--|

LOCATION DATA (OPTIONAL INFORMATION)

| | | |
|--|--|--|
| STREET ADDRESS: 2978 W. GRANT LINE ROAD | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 05/05/2016 |

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 05/10/2016 10:59:08 PST Jenni Zimmer (JLWT) Phone 209-942-1590

* - Voltage : 115 KV

* - Structure ID : 032/210

*


* MEASURED CONDUCTOR HEIGHT AT 52'

*

* 05/12/2016 07:02:57 PST Jenni Zimmer (JLWT) Phone 209-942-1590

* COMPLETED 5/5/16 M FORT

| | | |
|---------------------------------------|-------------------------|----------------------------|
| Completed by: Mark Fort (MSF9) | Date: 05/05/2016 | Actual Labor-Hours: |
| (Name and LAN ID): | | |

| | | | |
|---|---|--|--|
|  Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | TESLA-TRACY 31/207 INSTALL ANTI-CLIMB | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 31259661 Created Notification # 111810715 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Clearance Impaired (CLER) | | |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW | <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40808491 | | CREW SIZE: 00 | 400 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLN | Latitude: 37.757190000000 Longitude: 121.465810000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/20/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: 2463 NAGLEE ROAD (NEAR DICKEYS) | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION): 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 07/20/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 07/21/2016 15:15:04 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure ID : 031/207 | | | |
| * | | | |
| * INSTALL ANTI CLIMBING | | | |
| Completed by: (Name and LAN ID): | | Date: / / | Actual Labor-Hours: |
| Reviewed by (Name and LAN ID): | | Date: / / | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 31/205 BURRIED FOOTING

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 5/9/16 - almq - Dug up all 4 footings were buried 3'to 4' deep. Poured

all 4 footings to ground level, brush removal, recapped all footings.


Completed by:
(Name and LAN ID):

Date: 05/09/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|--|--|--|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | TESLA-TRACY 31/205 BURRIED FOOTING | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42692500 Created Notification # 111446988 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL | <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40764465 | | CREW SIZE: 00 | 543 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLG | Latitude: 37.760240000000 | 0.0 | |
| | Longitude: 121.461980000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 03/15/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: NAGLEE RD@WEST VALLEY MALL | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | | DATE FOUND (NOTIF DATE): 03/15/2016 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 03/16/2016 07:41:02 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 031/205 | | | |
| * | | | |
| * STEEL BURRIED FOOTINGS (NO ACCESS PROBLEM) | | | |
| * | | | |
| * 04/25/2016 09:49:01 PST Stacie Doyle (SRF5) Phone 916-778-8453 Per Bobby | | | |
| Walls, change to planner group TLG. | | | |
| * 05/19/2016 12:02:19 PST Pamela Ramirez (PSR2) Phone 530-906-9523 | | | |
| * | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 23/153 STEEL

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 5/16/16 - almq - stub pliced on "A" leg and spliced bent sways.

Completed by:

(Name and LAN ID):

Date:

05/16/2016

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date:

/ /

| | | | |
|---|--|---|--|
| Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | | |
| | TESLA-TRACY 23/153 STEEL | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42648812 Created Notification # 111418017 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Broken/Damaged (BROK) | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> T-LINE PATROL - PATR <input checked="" type="checkbox"/> RELEASE WORK - RELW | <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40643831 | | CREW SIZE: 00 | 543 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLG | Latitude: 37.851850000000 | 0.0 | |
| | Longitude: 121.361500000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 03/03/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: S/O CARLIN AND CROCKERT ROAD | CITY: STOCKTON | ZIP (if known): 00000 | |
| DIVISION CODE (LOCATION): ST | COUNTY CODE (PLANT SECTION) 039 | | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 03/03/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 03/07/2016 15:01:30 PST Jenni Zimmer (JLWT) Phone 209-942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 023/153 | | | |
| * | | | |
| * TOWER LEG DAMAGED...CAN GET TRUCK TO TOWER | | | |
| * | | | |
| * 04/25/2016 09:48:59 PST Stacie Doyle (SRF5) Phone 916-778-8453 Per Bobby | | | |
| Walls, change to planner group TLG. | | | |
| * 05/19/2016 11:59:12 PST Pamela Ramirez (PSR2) Phone 530-906-9523 | | | |
| * | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 21/141 VEG


Completed by: Henry Morris (HMM5)
(Name and LAN ID):

Date: 05/23/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|--|--|
|  | Corrective Work Form Electric Transmission Line | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | TESLA-TRACY 21/141 VEG | | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# Created Notification # 110544132 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Overgrown (OVRG) | | <input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40580484 | | CREW SIZE: 00 | 564 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLV | Latitude: 37.871650000000 | 0.0 | |
| | Longitude: 121.339750000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/29/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: ROBERTS | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 07/29/2015 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 07/31/2015 06:23:47 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 021/141 | | | |
| * | | | |
| * REMOVE VEG FROM TOWER | | | |
| * | | | |
| * 05/25/2016 15:05:01 PST Gloria Chico (GCC2) Phone 559-263-5881 | | | |
| * PER HENRY MORRIS HMM5 ON 5/23/2016: NO VEGETATION IN TOWER. (NO WORK | | | |
| * NECESSARY) COMPLETED / CLOSED. | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

TESLA-TRACY 20/136 VEG

Completed by: Randy Pablo (RMPQ)
(Name and LAN ID):

Date: 06/24/2016

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| | | | |
|---|--|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 TESLA-TRACY 20/136 VEG | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# Created Notification # 110544135 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | <input checked="" type="checkbox"/> Overgrown (OVRG) | | <input checked="" type="checkbox"/> Removed (REMV) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH | <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.4020.TOWR | | CREW CLASS: ETEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40804282 | | CREW SIZE: 00 | 564 |
| FUNCTIONAL LOCATION 10338 TESLA-TRACY-TOWER (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLV | Latitude: 37.881240000000 Longitude: 121.329190000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/29/2016 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: END OF MATHEWS ROAD | | CITY: STOCKTON | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Louis Garcia (LJG4) | | | DATE FOUND (NOTIF DATE): 07/29/2015 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 07/31/2015 06:27:31 Jenni Zimmer (JLWT) Phone 209/942-1590 | | | |
| * - Voltage : 115 KV | | | |
| * - Structure Type : STEEL | | | |
| * - Structure ID : 020/136 | | | |
| * _____ | | | |
| * REMOVE VEG FROM TOWER | | | |
| * _____ | | | |
| * 06/28/2016 10:45:02 PST Gloria Chico (GCC2) Phone 559-263-5881 | | | |
| * COMPLETED BY WINDY TREE ON 6/24/2016, WORK REQUEST #TRST1004497. | | | |
| * COMPLETED / CLOSED. | | | |

**Transmission Operations
2015 Audit Preparedness
PG&E Contact List**

Last Updated: 10/10/16

| First Name | Last Name | Department | Email | Office Number | Cell Phone |
|------------|-----------|---|-------|---------------|--------------|
| Adeel | Babar | Electric Operations Compliance | A0B1 | 925-328-5587 | 925-548-0184 |
| Brian | Low | T-Line Civil Engineering | BSLC | 925-328-5291 | 510-773-2634 |
| Chuck | Stinnett | Elec. Trnsmssn Asset Reliab. | CNS1 | 209-942-1640 | 209-481-2142 |
| Eric | Miller | Pole Test and Treat | EAM9 | 510-437-2479 | 925-200-0085 |
| Erika | Bates | Asset & Maintenance Planner | EMBJ | | 925-206-2859 |
| Greg | Davis | TLine Engineering Services | GMD0 | 925-328-5316 | 510-910-8882 |
| Henry | Ho | Civil Engineer - Prj Engg | HXH2 | 925-328-5318 | 707-322-2902 |
| Jeffery | Lopes | Transmission Supervisor - Victor | JELT | 209-942-1487 | 209-602-5240 |
| John | Barton | TLine Engineering | JBBA | 916-760-5375 | 530-562-7527 |
| John | Schroeder | Electric Engineer Underground | JPS4 | 925-328-5331 | 415-794-1208 |
| Josh | Altmiller | Acting Superintendent, T-Line M&C South | JDAG | 821-7070 | 559-341-6568 |
| Justin | Kephart | Vegetation Program Manager | JKKD | 805-595-6317 | 805-720-1909 |
| Kevin | Buteau | Vegetation Management | KABF | 209-470-0784 | 209-736-6682 |
| Kyle | Bross | Pole Calcs | K1BA | 916-760-1982 | NA |
| Marvic | Verzano | Electric Stds - Underground | MCV9 | 415-973-5067 | 415 330-2246 |
| Mickey | Wiley | Superintendent, T-Line M&C North | MEWk | 916-386-5107 | 916-804-4526 |
| Mike | Peterson | Transmission Operations - Compliance | MDPO | 916-472-2353 | 916-666-0099 |
| Nick | Daleo | ET Line Work Management | NXD4 | 209-942-1647 | 916-261-1376 |
| Randy | Kihara | Consulting Electric Stds Engineer, Sr - Overhead | RKK3 | 415-973-5043 | 510-418-6395 |
| Sergio | Chung | Supervisor, Engineering Services | SYC5 | 925-328-5377 | 510-847-2894 |
| Spencer | Haus | Assc Dsbn Engr - Elec | SNHB | 559-347-5032 | 559-417-9404 |
| Stacie | Doyle | TLine M&C Clerical Support | SRF5 | 916-778-8453 | 916-778-8453 |
| Steve | Zubiri | Transmission Methods & Procedures | SXZ4 | 530-529-6244 | 530-601-6367 |
| Wayne | Pouncey | Superintendent, TLine Central | CWP3 | NA | 415 516-4510 |
| Yoko | Williams | EAM Electric Trans. Compliance | YTB2 | 441-4582 | 925-783-2922 |

Power Vertical Loading Calculation

Construction Grade: B

Loading District: Light Loading

Pole Size: 60

Ground Conditions: Soil

Stringing Tension: Rural

- ☐ Existing
☐ Future
☒ Computed

Pole Class: NEW POLE

Span = Feet

| Span 1 | Span 2 | Avg. Span in Feet |
|--------|--------|-------------------|
| 300 | 220 | 260.0 |

Alt. Span Calculation

| | | |
|---------------------------------------|-----------------------------|-------------------|
| <input checked="" type="radio"/> Feet | <input type="radio"/> Yards | |
| Span 1 | Span 2 | Avg. Span in Feet |
| | | |

Source Doc. Number: 30638614

Job Number:

Sketch Location: 6

| | | | | | | | |
|-------------------|--------------|----------|-----|------------|-------------|-------------|---------------|
| LEVEL - 1 | TRANSMISSION | L= | 25 | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | Down Guy: DE | H= | 52 | 0.48 | 0.97 | 0.901 | VERTICAL LOAD |
| Wire Size | 715 AL | # Cond.: | 1.5 | DE Tension | GF | Max.Stress | 8,533 |
| Anchor Attach | Anchor #1 | | | 4050 | 2.41 | 9,761 | Down Guy Size |
| Stringing Tension | Rural | | | | | | 1 - 7/16" |

| | | | | | | | |
|-------------------|--------------|----------|-----|------------|-------------|-------------|---------------|
| LEVEL - 2 | TRANSMISSION | L= | 25 | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | Down Guy: DE | H= | 44 | 0.57 | 0.66 | 0.869 | VERTICAL LOAD |
| Wire Size | 715 AL | # Cond.: | 1.5 | DE Tension | GF | Max.Stress | 4,927 |
| Anchor Attach | Anchor #1 | | | 4050 | 2.12 | 8,586 | Down Guy Size |
| Stringing Tension | Rural | | | | | | 1 - 7/16" |

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 3 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 4 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 5 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 6 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | Anchor Max. Stress | PISA | EXP Anchor |
|-----------------|--------------------|------|------------|
| POWER Anchor 1: | 18,347 | 20M | 20M |
| Anchor 2: | ----- | | |
| Anchor 3: | ----- | | |
| Anchor 4: | ----- | | |
| Anchor 5: | ----- | | |
| Anchor 6: | ----- | | |

| | |
|----------------------|--------|
| Power Max Stress: | 18,347 |
| Comm Max Stress: | NONE |
| Total Max Stress: | 18,347 |
| Power Vertical Load: | 13,460 |
| Comm Vertical Load: | NONE |
| Total Vertical Load: | 13,460 |

Computed Pole Class: 2
IS GOOD FOR: 18,400 Lbs.

Safety Factor: 4.10

Min.Safety Factor - Grade B: 3.00

Percentage of Load based on Safety Factor: 3.00
 POWER Percentage of Total Pole Load = 73.15%
 COMM Percentage of Total Pole Load = NONE
 Percentage used of Total Pole Load = 73.15%

Power Pole Size: 60
 Computed Vertical Load Pole Class: 2
 Max Vertical Load 60 Class 2 Pole: 18,400

Sidewalk Pole Structures

Power Horizontal Tension:
 Comm Horizontal Tension: NONE
 Total Horizontal Tension on Sidewalk Guys:
 Side Walk Strut Pole Class:

Lower Through Bolt Pole Class:

Copy
 e file
 10/10/16

Power Vertical Loading Calculation

Construction Grade: A

Loading District: Light Loading

Pole Size: 65

Ground Conditions: Soil

Stringing Tension: Rural

- ☐ Existing
☐ Future
☒ Computed

Pole Class: NEW POLE

Span = Feet

| Span 1 | Span 2 | Avg. Span in Feet |
|--------|--------|-------------------|
| 177 | 255 | 216.0 |

Alt. Span Calculation

| | | |
|---------------------------------------|-----------------------------|-------------------|
| <input checked="" type="radio"/> Feet | <input type="radio"/> Yards | |
| Span 1 | Span 2 | Avg. Span in Feet |
| | | |

Source Doc. Number:

Pole 3/3

Job Number:

30402882

Sketch Location:

3

| | | | | | | | |
|-------------------|-----------------|-----------|-----|-----------|-------------|-------------|---------------|
| LEVEL - 1 | TRANSMISSION | L= | 15 | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | Down Guy: Angle | H= | 57 | 0.26 | 1.00 | 0.967 | VERTICAL LOAD |
| Wire Size | 4/0 AL | # Cond.: | 3 | R.Tension | GF | Max.Stress | 5,511 |
| Anchor Attach | Anchor #1 | Degrees: | 15 | 1414 | 4.03 | 5,698 | Down Guy Size |
| Stringing Tension | Rural | Avg.Span: | 216 | | | | 1 - 3/8" |

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 2 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 3 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 4 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 5 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | | | | | | | |
|-------------------|--|----------|--|-----|-------------|-------------|---------------|
| LEVEL - 6 | | L= | | L/H | Eq.L.Factor | V.L. Factor | |
| VL TYPE | | H= | | | | | VERTICAL LOAD |
| Wire Size | | # Cond.: | | | GF | Max.Stress | |
| Anchor Attach | | | | | | | Down Guy Size |
| Stringing Tension | | | | | | | |

Select Level

| | Anchor Max. Stress | PISA | EXP Anchor |
|-----------------|--------------------|------|------------|
| POWER Anchor 1: | 5,698 | 10M | 6.5M |
| Anchor 2: | ----- | | |
| Anchor 3: | ----- | | |
| Anchor 4: | ----- | | |
| Anchor 5: | ----- | | |
| Anchor 6: | ----- | | |

| | |
|----------------------|-------|
| Power Max Stress: | 5,698 |
| Comm Max Stress: | NONE |
| Total Max Stress: | 5,698 |
| Power Vertical Load: | 5,511 |
| Comm Vertical Load: | NONE |
| Total Vertical Load: | 5,511 |

Computed Pole Class: 4
 IS GOOD FOR: 6,600 Lbs.

Safety Factor: 4.79

Min.Safety Factor - Grade A: 4.00

Percentage of Load based on Safety Factor: 4.00
 POWER Percentage of Total Pole Load = 83.50%
 COMM Percentage of Total Pole Load = NONE
 Percentage used of Total Pole Load = 83.50%

Power Pole Size: 65
 Computed Vertical Load Pole Class: 4
 Max Vertical Load 65 Class 4 Pole: 6,600

Sidewalk Pole Structures

Power Horizontal Tension:
 Comm Horizontal Tension: NONE
 Total Horizontal Tension on Sidewalk Guys:
 Side Walk Strut Pole Class:

Lower Through Bolt Pole Class:

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 C. Phat
 10/10/16

| | | |
|---------------------------------|---------------------------|---------------------|
| Line Name: LOCKEFORD-INDUSTRIAL | Reference #: 039AA26N | County: SAN JOAQUIN |
| Line Code: 60137 | Crew ID: 039AA | State: CA |
| Voltage: 60 | Foreman: AARON ATAIDE | Contract #: 7420 |
| Headquarters: VICTOR | Supervisor: AUDYCKI,JOHNA | ETL: 7420 |

Week Ending: 06/30/2012
Date: 06/26/2012
Job Number: 1008008

| Pole ID | MFR | YEAR | LENGTH/CLASS | SPECIES/TREAT | CRACKS/INCH | INSP TYPE | WF Pints | BAND | VELB | REMARKS AND NOTES |
|---------|-----|-------|--------------|---------------|-------------|-----------|----------|------|------|--|
| 000/013 | MKB | E1973 | E50/2 | DF/G | 43 | 42 | TD | . | . | Fire Damage. Shell Rot. Depth: 0.16in. RIGHT OF WAY. Previous Cycle Info: Full Excavate, WoodFume. Year Last Inspected: 1999. Last Inspected By: OSM. Transmission Pole. Framing Type: TH (60 KV). Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1. |

Cust Pole Num: 000/013
SAP: 40652766
12inBGL 0 AtGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0
Date: 06/27/2012

002/002 MKB E1970 E55/1 DF/G 51 51 T . . 1.5 . .
X: -121.187548, Y: 38.12576
Cust Pole Num: 002/002
SAP: 40684642
12inBGL 0 AtGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0
Reference #: 039AA27Q

Week Ending: 07/07/2012
Date: 07/02/2012

005/014 LDF 1990 65/1 DF/P 50 50 B . . .75 . .
X: -121.246077, Y: 38.130192
Cust Pole Num: 005/014
SAP: 40754825
12inBGL 0 AtGL 0 15inAGL 0 26inAGL 0 42inAGL 0 54inAGL 0 66inAGL 0
RIGHT OF WAY. Previous Cycle Info: Sound & Bore, WoodFume. Year Last Inspected: 2009. Last Inspected By: OSM. Transmission Pole. Pole Conditioning: Through-bore. Framing Type: TH (60 KV). Struct Type: SWP. Attachment Type: Underbuild. Quantity: 1. Attachment Type: Foreign Underbuild. Quantity: 1.

Inspection Type
External Treat (T).....1 External Treat w/ Decay (TD).....1 Sound & Bore (B).....1

*CPUC copy
10/11/16*

| | | | |
|---|--|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | LOCKEFORD INDUSTRIAL 000/004 REPLC POLE | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> CD Notification | | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | |
| | | Order# 30992927 Created Notification # 106888338 | |
| COMPONENT TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.7420.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40754811 | | CREW SIZE: 00 | 639 |
| FUNCTIONAL LOCATION REMOVED FUNCT LOCATIONS & (LINE NAME): EQUIPMENT-WOOD | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div> | |
| PLANNER GROUP: TLP | | | |
| EXECUTION | | | |
| REQUIRED END DATE: 04/30/2013 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: Lockeford Industrial | | CITY: STOCKTON | ZIP (if known): 95240 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| COMPLETION DATES | | | |
| REPORTED BY (Name and LAN ID): R B BEESON | | DATE FOUND (NOTIF DATE): 04/24/2013 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 04/30/2013 07:06:37 Carol A. Perry (CAPI) Phone 209/942-1590 | | | |
| * COMPLETED 04/24/2013 J MEYER TOTAL WORK HOURS 78.75 | | | |
| * _____ | | | |
| * 05/21/2013 11:00:04 Debbie M. Garcia (DMDL) Phone 925/270-2895 | | | |
| * 30992927 - email to CAPI for possible 1st resp info, follow up 5-28- | | | |
| * 2013. | | | |
| * _____ | | | |
| * 06/25/2013 14:31:21 Debbie M. Garcia (DMDL) Phone 925/270-2895 | | | |
| * 30992927 follow up 7-2-13 with lhq for functional address to check for | | | |
| * possible agency report. | | | |
| * _____ | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD INDUSTRIAL 000/004 REPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 07/03/2013 13:29:40 Debbie M. Garcia (DMDL) Phone 925/270-2895

* 30992927- FOLLOW UP 7-17-2013

* -----

* 07/03/2013 13:52:38 Debbie M. Garcia (DMDL) Phone 925/270-2895

* 30992927 operation 20 final conf, location address for possible agency

* report.

* -----

* 08/01/2013 15:14:26 Debbie Garcia (DMDL) Phone 925/270-2895

* awaiting asset Strag to move money from 30991847 to this pm for damage

* claim billing.

* -----

* 11/06/2013 15:23:03 Debbie Garcia (DMDL) Phone 925/270-2895

* 11/06/2013 14:51:31 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505-30991847 EMAIL TO LHQ FOR TLINE AND DIST FOR STATUS ON DIST

* ORDER. MONEY STILL ON BOTH ORDERS. LABOR NOT CONF. POLES NOT SHOWING.

* ESTIMATE NOT COMPLETED, MATERIALS NOT ORDERED. FOLLOW UP 11-19-2013.

* -----

* 12/05/2013 13:36:23 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505-30991847 request to have funds moved from dist pm to Tline,

* follow up 12/19/2013.

* -----

* 12/23/2013 11:54:53 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505-30991847 trsf is comp, will bill after overhead settles at

* month end. Follow up 1-6-2014

* -----

* 01/13/2014 14:08:26 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505/30992927- email to business analyst re trsf. follow up 1-

* 21-14.

* -----

* 01/21/2014 13:25:17 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505-30991847 money has been moved to transmission order.

* awaiting materials to be released for pole to be added to order. follow

* up 3/3/2014

* -----

* 03/04/2014 09:39:33 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505/3099292 follow up with Sr. Business Analyst on money trsf.

* RPS4, follow up 3-23.

* -----

* 03/25/2014 11:06:03 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505/3099292 - transfer is completed, file is ready to bill and

* invoice today.

* -----

* 04/22/2014 10:41:15 Debbie Garcia (DMDL) Phone 925/270-2895

* e20131363505-30992927 awaiting mtrl to be rel. missing pole/est. follow

* up 5-12-14

* -----



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD INDUSTRIAL 000/004 REPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 06/30/2014 11:43:04 George Martan (GSM3) Phone 916/760-1955

* Emailed JGW6 to make corrects and EDRS the job.

* _____

* 07/01/2014 10:11:58 George Martan (GSM3) Phone 916/760-1955

* Forward job to JBBA for approval

* _____

* _____

* 07/11/2014 07:54:42 Lynnette Marquez-Lupien (L1M4) Phone 916/760-1933

* 30992927 T SAC RMC DMD TASK REVIEW, JOB RELEASABLE P/TASK SCREEN; SENT

* LAURIE SHOLLER DM8 TO RELEASE TO CONSTRUCTION.

* _____

* _____

* _____

* 07/16/2014 14:14:51 John Barton (JBBA) Phone 916/760-5375

* Post estimate approved, change status to PEND, forward to Laurie Sholler

* by company mail.

* ####

* _____

* 07/30/2014 17:02:39 Laurie Sholler (LFP1) Phone 559/263-5041

* 30992927 - Post Estimate - copies to Jeff Lopes

* _____

* 08/14/2014 07:24:43 Debbie Garcia (DMDL) Phone 925/270-2895

* E20131363505-30992927 READY TO BILL.

* _____

* 08/14/2014 08:15:25 Debbie Garcia (DMDL) Phone 925/270-2895

* e20131363505-30992927, INVOICED ON SALES ORDER 40894364, BILLING DOC

* 7373778, AMOUNT \$45,205.17. SR1 COMPLETED. FILE TO NECU AND BILL TO

* DAMAGING PARTY 8/15/14.

* _____

* 08/15/2014 11:34:10 Nathaniel Joseph (NMJ3) Phone 925/459-6144

* PM30992927/E20131363505 - File scanned & attached to order in SAP & RMX.

* Outlook task updated. File to bill/invoice.

* _____

* 08/18/2014 13:19:57 Janice Seaman (JWL5) Phone 925/270-2317

* BILL INVOICE PKG SCAN/ATTACHED TO SAP/RMX

* _____

* 02/11/2015 18:02:35 Laurie Sholler (LFP1) Phone 559/263-5041

* 30992927 - to mapping - Mickey Cox

* _____

* 02/20/2015 14:16:38 Michael Cox (MWC4) Phone 209/942-1410

* 30992927E Mapping Received As-Built package

* _____

* 02/20/2015 14:16:42 Michael Cox (MWC4) Phone 209/942-1410

* 30992927E Mapping Completed map & record posting, pending lead review

* _____

* 02/20/2015 14:16:47 Michael Cox (MWC4) Phone 209/942-1410

* 30992927E Mapping Completed, job filed



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

LOCKEFORD INDUSTRIAL 000/004 REPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* -----

* 04/08/2015 10:30:53 Mary Laufenberg (MAR4) Phone 415/973-5183

/ "04/03/2015-m1p3; order moved to PREC from the weekly mapping reviewed

file, "

/ "ZKOD clear, CN24 or CMPL completed in user status FICL, CMPL, DOCC,

DCMN"

* -----

* 05/31/2016 12:08:16 PST Laurie Sholler (LFP1) Phone 559-263-5041

* 30992927 - zkod clear

Completed by:

(Name and LAN ID):

Date:

05/31/2016

Actual Labor-Hours:

Reviewed by

(Name and LAN ID):

Date:

/ /

| | | | |
|---|--|--|--|
| Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 | |
| | | CAMANCHE TAP 00/008 REMOVE AUTO SPLICE F | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | INFORMATION BY QCR UPON |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42409953 Created Notification # 104432640 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| <input checked="" type="checkbox"/> Guy (AG06) | <input checked="" type="checkbox"/> Other (CH10) | <input checked="" type="checkbox"/> Other (OTHR) | <input checked="" type="checkbox"/> Replaced (REPL) <input checked="" type="checkbox"/> Completed (ZZ02) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.1691.POLE.WOOD | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40862994 | | CREW SIZE: 00 | 515 |
| FUNCTIONAL LOCATION 10085A CAMANCHE TAP-WOOD POLE (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) | |
| PLANNER GROUP: TLP | Latitude: 38.232490000000 | 0.0 | |
| | Longitude: 121.027800000000- | ANTICIPATED MATERIAL COSTS: | |
| EXECUTION | | | |
| REQUIRED END DATE: 07/31/2014 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: | | CITY: | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): SHERIDAN | | | DATE FOUND (NOTIF DATE): 01/07/2010 |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 01/12/2010 09:54:24 Sharon J. Gooch (SJG3) Phone 209/942-1590 | | | |
| * REMOVE AUTO SPLICE FROM DOWN GUY. | | | |
| C ----- | | | |
| * 01/17/2012 10:49:37 Carol A. Perry (CAPI) Phone 209/942-1590 | | | |
| * UPDATED WTC FOR AUTO SPLICE PER DONNA THORNE. | | | |
| C ----- | | | |
| * 01/17/2012 12:49:04 Carol A. Perry (CAPI) Phone 209/942-1590 | | | |
| * 2010 DATA CLEANSING | | | |
| * ----- | | | |
| * 07/31/2012 14:41:44 Carol A. Perry (CAPI) Phone 209/942-1590 | | | |
| * MOVE OUT 6 MONTHS PER JEFF LOPES | | | |



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

CAMANCHE TAP 00/008 REMOVE AUTO SPLICE F

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 01/24/2013 09:34:37 Carol A. Perry (CAPI) Phone 209/942-1590

* MOVE OUT 6 MONTHS PER JEFF LOPES

* _____

* 07/23/2013 07:00:56 Carol A. Perry (CAPI) Phone 209/942-1590

* PER L BARONE MOVE OUT 1 YEAR, CANNOT TAKE LINE OUT AT THIS TIME.

* _____

* 02/13/2014 08:56:34 Stacie Doyle (SRF5) Phone 916/778-8453 CHANGED WTC

FROM 649 TO 515

* _____

* 06/22/2015 08:10:19 Scott Crossfield (S2CW) Phone 559/263-7373

* _____

* HCP review: 42409953/110460149

* Location: 38.23250 -121.02779

* HCP review indicates the potential for Swainson's hawk in the area.

* Pole appears to be in ag land, with natural vegetation to the east.

* Crews shall stay on established access routes to the extent possible and

* should minimize off-road driving. If a Swainson's hawk and/or its nest

* is observed within proximity to the work location call the HCP hotline

* at 415-973-4427.

* _____

* 06/29/2015 11:13:59 Jenni Zimmer (JLWT) Phone 209/942-1590

* PER LARRY BARONE WORK HAD BEEN COMPLETED.....6/29/15

Completed by: Larry Barone (LGBA)
(Name and LAN ID):

Date: 06/29/2015

Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /

| Functional Loc. | Description | Main Work Ctr | LINE MILES | OPERATION VOLTAGE | NO_OF_STRUCTURES | AGENCY | Operations Control Cent | Type | OWNER | SINGLE CUSTOMER |
|-----------------|-----------------------------------|---------------|-------------|-------------------|------------------|--------|-------------------------|-------|-------|-----------------|
| ETL.1230 | 20128A CAMANCHE PUMPING PLANT TAP | VICTOR | 0.45038 MI | 230 KV | 5 | ISO | Vaca Dixon | Steel | | |
| ETL.1691 | 10085A CAMANCHE TAP | VICTOR | 6.71182 MI | 115 KV | 100 | | Vaca Dixon | Wood | | |
| ETL.3891 | 10323A KYOHO TAP | VICTOR | 2.19906 MI | 115 KV | 45 | ISO | Tesla | Wood | | |
| ETL.4020 | 10338 TESLA-TRACY | VICTOR | 25.15589 MI | 115 KV | 207 | ISO | Vaca Dixon | Steel | | |
| ETL.4390 | 20008 BELLOTA-WEBER | VICTOR | 14.26252 MI | 230 KV | 98 | ISO | Vaca Dixon | Steel | | |
| ETL.5880 | 20161 WEBER-TESLA | VICTOR | 23.70649 MI | 230 KV | 155 | ISO | Vaca Dixon | Steel | | |
| ETL.6120 | 50019 TESLA-TRACY | VICTOR | 1.13446 MI | 500 KV | 8 | ISO | Vaca Dixon | Steel | | |
| ETL.7231 | 60415 KASSON-CARBONA | VICTOR | 7.31914 MI | 60 KV | 94 | | Vaca Dixon | Wood | | |
| ETL.7420 | 60137 LOCKEFORD-INDUSTRIAL | VICTOR | 6.03092 MI | 60 KV | 121 | ISO | Vaca Dixon | Wood | | |
| ETL.9461 | 60383 LOCKEFORD #1 | VICTOR | 12.92528 MI | 60 KV | 193 | ISO | Vaca Dixon | Wood | | |

apuc
 2008 of 1116

Day 4 - Camanche / Lockeford #1 / Lockeford Industrial / Camanche Pumping
 230 kV / 60 kV / 60 kV / 240 kV
 115 kV

Camanche Pumping

① SW Sx3 Rancho Seco - Bellota #2

② SW Sx7 Camanche Pumping Plant

③ SW Sx9

④ 11/51A

~~⑤ 11/51A~~ Camanche 115

⑥ LC # 104432640 Remove Auto Solve Closed ✓ 9/8

⑦ 9/8

Lockeford Industrial

⑧ CD 106888388 9/4 Replace Pde

* Request Pole Load Codes
 Received

⑨ 0/5


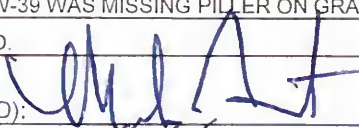

⑩ 0/3

⑪ 0/2





Day 3

| | | | |
|---|---|---|--|
|  Corrective Work Form Electric Transmission Line | | PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 KASSON-CARBONA 2/16 RPR SWITCH 39 | |
| INFORMATION REQUIRED BY QCR | | INFORMATION COMPLETED BY FLS | |
| <input checked="" type="checkbox"/> LC Notification | PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 | | Order# 42812177 Created Notification # 112042030 |
| FACILITY TYPE | DAMAGE CODE | CAUSE CODE | ACTION |
| | | | <input checked="" type="checkbox"/> Repaired (REPA) |
| USER STATUSES | | | |
| <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| REFERENCE INFO | | | |
| ETL#: ETL.7231.SWIT | | CREW CLASS: ETLEQP | WORK TYPE CODE: |
| SAP EQUIPMENT #: 40846837 | | CREW SIZE: 00 | 623 |
| FUNCTIONAL LOCATION 60415 KASSON-CARBONA #1 TAP-SWITCH (LINE NAME): | | ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0 | |
| PLANNER GROUP: TLN | Latitude: 37.694988000000 | ANTICIPATED MATERIAL COSTS: | |
| | Longitude: 121.416670000000- | | |
| EXECUTION | | | |
| REQUIRED END DATE: 10/12/2017 | MAIN WORK CENTER: VICTOR - Victor | VOLTAGE: <input checked="" type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV | |
| LOCATION DATA (OPTIONAL INFORMATION) | | | |
| STREET ADDRESS: MACARTHUR DR. N/O CARBONA SUB | | CITY: TRACY | ZIP (if known): 00000 |
| DIVISION CODE (LOCATION): ST | | COUNTY CODE (PLANT SECTION) 039 | |
| REPORTED BY (Name and LAN ID): Mark Fort (MSF9) | | DATE FOUND (NOTIF DATE): 10/12/2016 | |
| COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). | | | |
| * 10/13/2016 07:02:34 PST Christina Dangerfield (CLD9) Phone 916-386-5422 | | | |
| * - Voltage : 60 KV | | | |
| * - Structure ID : 002/016 | | | |
| * | | | |
| * PER J. LOPES SW-39 WAS MISSING PILLER ON GRATE. REPLACED PILLER | | | |
| * TAG COMPLETED. | | | |
| Completed by: (Name and LAN ID):  | | Date: 10/12/16 | Actual Labor-Hours: 2 |
| Reviewed by: (Name and LAN ID):  | | Date: 10/13/16 | |

cpuc
copy
10/13/16